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3

Pharmacy Section of the Packaged Disaster Hospital

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CIRCULATE**



**U.S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE**
Public Health Service

Health Mobilization Series F-13

Pharmacy Section of the Packaged Disaster Hospital

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Division of Health Mobilization
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INTRODUCTION

In the face of any massive disaster, there would almost inevitably be an acute shortage of hospital space and medical supplies needed to care for the large number of disaster casualties. In an effort to assure the availability of medical facilities in such an emergency, the Federal Government has stockpiled medical supplies and equipment. Much of this material is contained in Packaged Disaster Hospital units (PDH's) which are assembled by the Public Health Service and loaned to States for storage in carefully selected communities, in affiliation with a local hospital.

A Packaged Disaster Hospital consists of hospital supplies, equipment, and pharmaceuticals packed for long-term storage. In a disaster, the PDH can be used to expand the hospital to which it is assigned, or it can be set up as a separate 200-bed hospital in an appropriate preselected building and operated under the direction of its assigned hospital with personnel drawn from that hospital, from community volunteers, or both.

PDH components permit setting up the following hospital sections: receiving and sorting, operating rooms, wards, central sterile supply, pharmacy, laboratory, X-ray, and general stores. Generators and a water tank and pump are provided in case public utilities are disrupted.

With the predisaster responsibility for the safe storage of the PDH comes the responsibility for making a definite plan showing how the PDH is to be utilized in a disaster. This publication is intended for the guidance of those who are responsible for the predisaster planning covering the activation and operation of the PDH pharmacy section and for those who will work during the disaster. Effective predisaster preparation is especially important in this section because inefficiency and delay in unpacking and distributing medical supplies means a delay in beginning lifesaving treatment for sick and injured disaster victims. The suggestions offered here presuppose the need for operating the entire PDH in a separate building for an extended period, as might be the case following nuclear attack. This planning will also greatly facilitate using the PDH for briefer periods following a disaster such as a flood, hurricane, earthquake, fire, or major accident when the parent hospital, and other local hospitals, are temporarily overloaded or damaged so that they cannot operate at their normal capacity.

The pharmacy section is responsible for the storage, control, distribution, labeling, and dispensing of all drugs, chemicals, and pharmaceutical

preparations in the PDH. There is at least one medication in each essential therapeutic category: anesthetics, analgesics, sedatives, anti-infectives, anti-septics, stimulants, antispasmodics, antihistaminics, ophthalmic medications, and large-volume intravenous solutions including resuscitative fluids. Most of the drugs in the PDH are supplied in ready-to-use form to eliminate the need for time-consuming, large-scale bulk compounding and prepackaging.

Related publications

Three other Health Mobilization publications offer related information. They are: *Establishing the Packaged Disaster Hospital* (PHSP No. 1071-F-1), *The Role of the Pharmacist in National Disaster* (PHSP No. 1071-I-4), and *Orientation Manual on Disaster Preparedness for Pharmacists* (PHSP No. 1071-D-7).

STAFFING

The pharmacy section chief and as many of the staff as possible should be designated predisaster. Activation of the PDH will begin as soon as conditions permit after the disaster and pharmacy personnel should be prepared to set up their section as soon as PDH components are brought to the operating site.

The pharmacy section must be supervised at all times by a licensed pharmacist because pharmaceuticals may be labeled and dispensed only under his supervision. After the chief of the pharmacy section and an alternate have been named, other pharmacists who are available to serve in the PDH may be assigned where the need for their skills is greatest (for example, in supervising the general stores section, or assisting in the clinical sections under the direction of medical personnel).

It will probably be necessary to operate the hospital at first on two 12-hour shifts a day in order that enough personnel will be available at all times. The pharmacy section staff should consist of at least two pharmacists, two aides, and four helpers, to be divided between the two shifts. The aides and helpers will be directly responsible to the pharmacist in charge.

A. PHARMACISTS

1. Qualifications

The chief of the PDH pharmacy section and his alternate, who will be in charge when the section chief is off duty, must be licensed pharmacists. Experience in a hospital pharmacy, possibly the pharmacy of the parent hospital, although not essential would be valuable.

2. Predisaster Preparation

The chief of the pharmacy section should become familiar with the supplies and equipment furnished in the PDH for which he will be responsible and should plan to obtain locally any items beyond those packed with

the PDH which he feels will contribute to the efficiency of his section. (See *Initial Inventory*, p. 14.) He should also ascertain principal local sources of pharmaceuticals. It may be necessary to draw on these sources for re-supply should Federal back-up supplies not yet be available when PDH supplies are exhausted.

The chief of the pharmacy section should be a member of the professional advisory committee which plans basic PDH operational policy. Specifically, he should confer with the chief of staff and director of nursing in decisions on standard medications orders, supplies of medications to be kept on the wards, etc. He may also collaborate in the planning for general stores section management.

He should assist in recruiting the personnel to man his section and take an active part in their predisaster training. He may wish to compile a list of community pharmacists who could assist him in the PDH pharmacy during periods of peak activity. All the PDH pharmacists should participate in PDH training programs and practice exercises in order to become familiar with hospital procedure under disaster conditions.

3. Postdisaster duties

The pharmacists should report, as indicated in the predisaster plan for the activation of the PDH, to the operating site to supervise the setting up of the pharmacy section. Once the PDH is activated, either the chief of the pharmacy section or his alternate must be on hand to perform or supervise the performance of essential pharmacy functions. These functions are discussed on page 9, *Pharmacy Responsibilities*.

B. AIDES

1. Qualifications

The two aides assigned to the pharmacy section should be drawn from the best qualified of the lay volunteers available. Preferably, they should have experience in receiving, sorting, and issuing medical supplies and in keeping related records.

2. Predisaster preparation

If they have been assigned predisaster, the pharmacy aides should become familiar with the PDH supplies and terminology and learn the duties they will be expected to perform during the activation and operation of the PDH. They should participate in PDH training programs and practice exercises.

3. Postdisaster duties

The aides should report to the pharmacist in charge and begin at once to get the section into operation under his direction. They will assist in sorting, storing, and distributing the supplies as they are delivered to the section. After the PDH is in operation, they will issue pharmaceutical supplies, assist in preparing and labeling pharmaceuticals, and keep necessary records as the pharmacist directs.

C. HELPERS

1. Qualifications

The four pharmacy section helpers need not have special health skills, however, drugstore or storeroom employment experience would be desirable.

2. Predisaster preparation

If it is possible to designate the pharmacy helpers predisaster, they should become familiar with the PDH supplies and equipment and receive training in identifying supplies and storing them properly. They should participate in PDH training programs and practice exercises.

3. Postdisaster duties

The helpers should report at once to the pharmacist in charge and assist in activating the section at his direction. They will unpack, sort, store, and distribute the supplies. They will also perform messenger duties and keep the section clean and orderly.

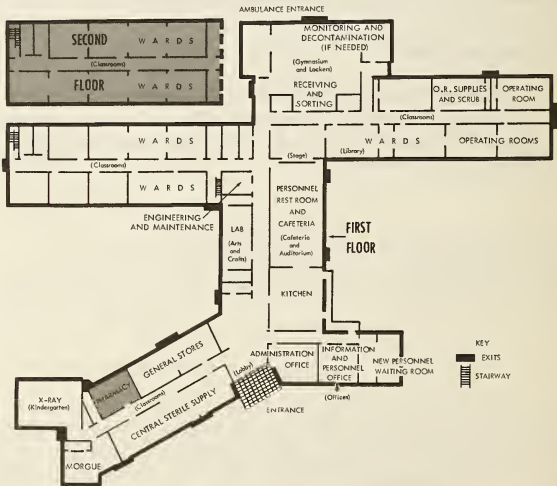
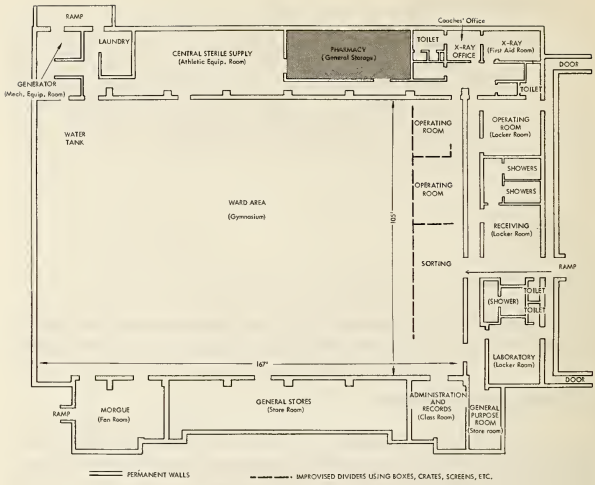


FIGURE 1—Sample Floorplans for Setting Up the PDH in a School Building

PREPARING THE SECTION

A. LOCATION

The pharmacy section should be easily accessible to all of the clinical sections of the PDH. A minimum of 800 square feet of floor space is recommended, preferably on the first floor of the selected building. An efficient arrangement is to locate the pharmacy, laboratory, central sterile supply, and general stores sections close together. Supplies or services are requested from all these units and messenger pickups will be considerably simplified if these sections are in the same area. This layout would also permit joint supervision (of the pharmacy and general stores sections, for instance) if it should be necessary for available personnel to assume responsibility for more than one section.

B. FURNITURE AND FIXTURES

Arrangements to procure counters, shelves, tables, chairs, and other furniture and fixtures should be made predisaster. None of these items are furnished with the PDH and if they are not already at the operating site they must be brought from local sources. If a room with shelves is available, this would be a good choice for the pharmacy. Shelves and cabinets, however, can be improvised from the crates and heavy boxes in which the PDH supplies are packed.

The pharmacy section should have a sink with running water if possible, otherwise a nearby source from which water can be carried should be available.

A refrigerator should be provided in the pharmacy section for the protection of thermolabile pharmaceutical items. The laboratory section also has some need for a refrigerator and if there is not another available, a portion of the one in the pharmacy section should be designated for laboratory use.

C. SPECIAL STORAGE CONSIDERATIONS

1. Locked storage

To prevent drug abuse and to meet legal requirements, a cabinet which can be locked should be provided for the storage of narcotics and other items such as barbiturates and amphetamines.

2. Storage of flammables

The pharmacy section will receive some items which, improperly stored, could constitute a fire hazard and would also be subject to rapid evaporation. Among them are ether, denatured alcohol, and isopropyl alcohol. Such items must be kept from heat and open flame and a special storage area should be provided for them, if possible.

3. Storage of items subject to damage by freezing

The pharmacy section will receive a number of cases containing bottles of liquids which will break if frozen, as well as other items which must be kept from freezing. A complete list of these items is given in *Series 62000 Packaged Disaster Hospital Component Listing and Storage Data* (Health Mobilization Series F-11). A copy of this publication is packed with each PDH. Should it be necessary to store bulk supplies in space other than in the room used as the pharmacy section, it should be ascertained that these supplies will not be subjected to below-freezing temperatures.

D. NONPREMIUM STORAGE SPACE

It is likely that space at the operating site will be limited and areas which can be used for wards or other clinical functions should not be occupied by the entire 30-day stocks of items which are supplied in large quantities. An area considered unsuitable for patient care may be designated for storage of the items in excess of immediate needs. Careful records of items received and issued should be kept, especially when items from more than one hospital section are stored in the same area. Supervisory responsibility for this storage area should be assigned by the PDH administrator.

PHARMACY RESPONSIBILITIES

A. PDH PHARMACEUTICALS

The PDH pharmaceutical items are listed below. (See also *Therapeutic Guide for Pharmaceuticals in the Packaged Disaster Hospital*, PHSP No. 1071-C-1.) Most of the items are stored ready for use but some preparation is required before a few of them can be issued. (See page 12.)

PHARMACEUTICALS AND RELATED SUPPLIES IN THE SERIES 62000 PACKAGED DISASTER HOSPITAL

- | | |
|--|--|
| Acetylsalicylic Acid Tablets, USP, 0.324 Gm (5 gr), 1000s. | Blood Collecting-Dispensing Bag and Donor Set, with Anticoagulant, 450 ml, 4s. |
| Albumin, Normal Human Serum, USP, 100 ml bottle, with injection set. | Blood Recipient Set, Indirect Transfusion, Disposable Type, Field. |
| Alcohol, Denatured, Specially Denatured Alcohol No. 23H, 1 qt. | Boric Acid Ophthalmic Ointment, 5%, 1/8 oz tube, 12s. |
| Aluminum Hydroxide Gel, Dried, Tablets, USP, 0.324 Gm (5 gr), 100s. | Calcium Chloride Injection, USP, 10%, 10 ml ampul, 12s. |
| Atropine Sulfate Ophthalmic Ointment, 1%, 1/8 oz tube, 12s. | Cascara Sagrada Extract Tablets, NF, 0.25 Gm (4 gr), 100s. |
| Atropine Sulfate Tablets, USP, 0.4 mg (1/150 gr), Hypodermic, 20s. | Chloramphenicol Capsules, USP, 0.25 Gm (4 gr), 100s. |
| Bacitracin Ointment, USP, 500 units per Gm, 1/2 oz tube, 12s. | Chloroform, USP (for Anesthesia), 4 oz. |
| Barium Sulfate, USP, 10 lb. | Chlorpromazine HCl Injection, 25 mg (3/8 gr) per ml, 2 ml ampul, 6s. |
| Benzalkonium Chloride Solution, USP, 10%, 4 fl oz. | Chlorpromazine HCl Tablets, USP, 25 mg (3/8 gr), 500s. |
| Bismuth Subcarbonate Tablets, NF, 0.324 Gm (5 gr), 500s. | Dextran Injection, 6%, 500 ml, with injection set. |

- Dextrose and Sodium Chloride Injection, USP, 1000 ml bottle, 6s.
- Dextrose Injection, USP, 5%, 1000 ml bottle, 6s.
- Dextrose Injection, USP, 10%, 3 ml ampul, 10s.
- Dextrose Injection, USP, 50%, 50 ml ampul, 6s.
- Digitoxin Tablets, USP, 0.1 mg ($\frac{1}{600}$ gr), 100s.
- Digoxin Injection, USP, 0.25 mg ($\frac{1}{250}$ gr) per ml, 2 ml ampul, 12s.
- Diphenylhydantoin Sodium Capsules, USP, 100 mg ($1\frac{1}{2}$ gr), 100s.
- Edrophonium Chloride Injection, USP, 10 mg ($\frac{1}{6}$ gr) per ml, 10 ml.
- Enteral Feeding Formula, 5 lb (nasogastric or oral), with feeding tube.
- Ephedrine Sulfate Capsules, USP, 25 mg ($\frac{3}{8}$ gr), 500s.
- Ephedrine Sulfate Injection, USP, 25 mg ($\frac{3}{8}$ gr) per ml, 1 ml ampul, 12s.
- Epinephrine Injection, USP, 1:1000, 1 ml ampul, 25s.
- Ergonovine Maleate Tablets, USP, 0.2 mg ($\frac{1}{300}$ gr), 100s.
- Ether, USP (for Anesthesia), $\frac{1}{4}$ lb.
- Eugenol, USP, 1 oz.
- Hydrocortisone Sodium Succinate, Sterile, 133.7 mg, with diluent, 100 mg Hydrocortisone equivalent.
- Hydrocortisone Tablets, USP, 20 mg ($\frac{1}{3}$ gr), scored, 100s.
- Hydroxyzine HCl Injection, 25 mg ($\frac{3}{8}$ gr) per ml, 10 ml.
- Insulin Injection, USP, 80 units per ml, 10 ml.
- Insulin, Isophane, Suspension, USP, 80 units per ml, 10 ml.
- Insulin, Protamine Zinc, Suspension, USP, 40 units per ml, 10 ml.
- Intravenous Injection Set, Disposable Type, Field.
- Isopropyl Alcohol, NF, 1 qt.
- Levarterenol Bitartrate Injection, USP, 0.2%, 4ml ampul, 10s.
- Lidocaine HCl and Epinephrine Injection, 1.8 ml cartridge, 50s.
- Lidocaine HCl Injection, USP, 1%, 5 ml.
- Lidocaine HCl Injection, USP, 2%, 20 ml.
- Lidocaine Ointment, 5%, 35 Gm tube, 12s.
- Lubricant, Surgical, Jelly, 4 oz.
- Mercaptomerin Sodium, Sterile, USP, Powder, for injection, with diluent, 1.4 Gm (21 gr), 10 ml.
- Metaraminol Bitartrate Injection, NF, Equivalent to 10 mg ($\frac{1}{6}$ gr) of Metaraminol Base per ml, 1 ml ampul, 12s.
- Methimazole Tablets, USP, 5 mg ($\frac{1}{12}$ gr), 500s.
- Methoxamine HCl Injection, USP, 20 mg ($\frac{1}{3}$ gr) per ml, 1 ml ampul, 12s.
- Nalorphine HCl Injection, USP, 5 mg ($\frac{1}{12}$ gr) per ml, 2 ml ampul, 6s.
- Neostigmine Methylsulfate Injection, USP, 1:2000, 1 ml ampul, 12s.
- Nikethamide Injection, NF, 25%, $1\frac{1}{2}$ ml ampul, 5s.

- Nitrous Oxide, USP, Filled Type M Cylinder, 2000 gal.
- Oxygen, USP, Filled Type M Cylinder, 750 gal.
- Oxytetracycline-Polymyxin B Ear Drops, Powder, with diluent, 5 ml.
- Oxytetracycline-Polymyxin B Ophthalmic Ointment, $\frac{1}{8}$ oz tube, 10s.
- Oxytetracycline Tablets, 0.25 Gm (4 gr), film coated, 100s.
- Penicillin G for Injection, USP, Buffered, 1,000,000 units.
- Penicillin G. Procaine, USP, Powder, for aqueous injection, 3,000,000 units.
- Penicillin G Tablets, USP, Buffered, 250,000 units, 100s.
- Pentobarbital Sodium Tablets, NF, 100 mg ($1\frac{1}{2}$ gr), 500s.
- Petrolatum, Liquid, USP, 1 qt.
- Petrolatum, White, USP, 1 lb.
- Phenobarbital Tablets, USP, 32 mg ($\frac{1}{2}$ gr), 100s.
- Physostigmine Sulfate Ophthalmic Ointment, $\frac{1}{4}\%$, $\frac{1}{8}$ oz tube, 12s.
- Pituitary, Posterior, Injection, USP, 10 units per ml, 1 ml ampuls, 6s.
- Potassium Chloride Injection, USP, 20 mEq, 10 ml ampul, 25s.
- Procainamide HCl Injection, USP, 100 mg ($1\frac{1}{2}$ gr) per ml, 10 ml.
- Promethazine HCl Injection, USP, 25 mg ($\frac{3}{8}$ gr) per ml, 1 ml ampul, 25s.
- Quinidine Sulfate Tablets, USP, 0.2 Gm (3 gr), 100s.
- Ringer's Injection, Lactated, USP, 1,000 ml bottle, 6s.
- Scopolamine HBr Tablets, NF, 0.6 mg ($\frac{1}{100}$ gr), Hypodermic, 20s.
- Soap, Surgical, with 2% Hexachlorophene, 4 oz.
- Soda Lime, USP, 4-8 mesh (for use with anesthesia machine), 5 lb.
- Sodium Bicarbonate Tablets, USP, 0.6 Gm (10 gr), 1,000s.
- Sodium Chloride Injection, USP (Normal Saline Solution), 5 ml ampul, 25s.
- Sodium Chloride Injection, USP (Normal Saline Solution), 1,000 ml bottle, 6s.
- Sodium Chloride-Sodium Bicarbonate Mixture, 4.5 Gm packets, (Sodium Chloride, USP, 3 Gm; Sodium Bicarbonate, USP, 1.5 Gm), 2s.
- Sodium Chloride Tablets, USP (for Normal Saline Solution), 2.25 Gm (34.7 gr), 100s.
- Sponge, Absorbable Gelatin, USP, Sterile, 80 x 125 x 10 mm.
- Streptomycin Sulfate, USP, Equivalent to 1 Gm of Streptomycin Base, for injection.
- Succinylcholine Chloride Injection, USP, 20 mg ($\frac{1}{3}$ gr) per ml, 10 ml bottle, 6s.
- Succinylsulfathiazole Tablets, NF, 0.5 Gm ($7\frac{1}{2}$ gr), 1,000s.
- Sulfadiazine Tablets, USP, 0.5 Gm ($7\frac{1}{2}$ gr), 1,000s.
- Tetanus Antitoxin, USP, Therapeutic Dose, 20,000 units.
- Tetracaine HCl for Injection, USP, 20 mg ($\frac{1}{3}$ gr) ampul, spinal, dry powder (Niphanoid Type), 10s.

Tetracaine HCl Tablets, 100 mg (1½ gr), for preparing topical anesthesia solution, 100s.	Tripelennamine HCl Tablets, USP, 50 mg (¾ gr), 1,000s.
Tetracaine Ophthalmic Ointment, 0.5%, ⅛ oz tube, 12s.	Tubocurarine Chloride Injection, USP, 3 mg (½ ₂₀ gr) per ml, 10 ml, 6s.
Tetracycline HCl for Injection, USP, Powder, 500 mg (7½ gr).	Water for Injection, Sterile, USP, 5 ml ampul, 25s.
Thiopental Sodium for Injection, USP, 5 Gm (75 gr) ampul, 25s.	Zinc Oxide, USP, 1 lb.
Tolbutamide Tablets, USP, 0.5 Gm (7½ gr), scored, 50s.	Zinc Oxide Ointment, USP, 1 lb.

B. REQUIRED PREPARATION TECHNIQUES

1. Benzalkonium Chloride Solution, 1:1000

Benzalkonium Chloride Solution, 10%-----	10 ml
Purified water, to make-----	1000 ml

2. Benzalkonium Chloride Tincture, 1:1000

Use either of the following methods:

a. Benzalkonium Chloride Solution, 10%-----	10 ml
Alcohol (ethyl or isopropyl) 70%, to make-----	1000 ml
b. Benzalkonium Chloride Solution, 10%-----	10 ml
Acetone-----	100 ml
Alcohol (ethyl or isopropyl)-----	500 ml
Purified water, to make-----	1000 ml

3. Isopropyl Rubbing Compound, 70%

Isopropyl Alcohol, NF-----	700 ml
Purified water, to make-----	1000 ml

4. Sodium Chloride Solution

Sodium Chloride Tablets, USP, 2.25 Gm-----	4 tablets
Purified water, to make-----	1000 ml

Dissolve the sodium chloride tablets in sufficient purified water to make 1000 ml. and filter. Place the solution in suitable containers and sterilize.

CAUTION: Do not use Sodium Chloride Solution for parenteral administration or in preparations to be used parenterally. For such purposes use Sodium Chloride Injection.

C. QUALITY SCREENING

Items received by the pharmacy section should be checked carefully for manufacturer's expiration dates. These dates may indicate that the material is beyond its period of safe use. An inspection may have been made during the storage, however, and if the material was sampled, tested, and found to be good, the safe shelf-life dates will have been extended. This will probably be noted on the outer package, although in some cases the notation will be on inner containers. The pharmacist will be responsible for screening all perishable material and also for assuring that material has not been rendered harmful or ineffective as a result of the disaster itself.

D. LABELING AND DISPENSING

All drugs, chemicals, and pharmaceutical preparations must be dispensed either by the pharmacist or under his direction. The pharmacist in the section is responsible for seeing that all supply requests are accurately filled.

All medications dispensed from the pharmacy must be properly labeled. No medication may be dispensed without a label or identification. The pharmacist is responsible for the proper labeling of all medications, wherever they may be stored in the hospital. He must either label them himself or directly supervise their labeling. No one but a pharmacist should be permitted to change labels on containers or medications.

ORGANIZING SUPPLIES

A. STOCK CONTROL SYSTEM

If the available pharmaceutical supplies are to be managed properly and made available equitably to all clinical sections, a stock control system must be established. Planning the system predisaster will allow ample time for designing and printing necessary forms and for familiarizing the PDH staff with this system. Otherwise, a system will have to be established as quickly as possible during the first days of operation with an inevitable loss of speed and accuracy.

The system should be simple enough to be workable under the pressure of disaster conditions and yet complete enough to permit the pharmacy chief to establish an initial inventory, account for issued stock, determine balances, and compute resupply requirements.

B. INITIAL INVENTORY

Master lists of the entire contents, case by case, are furnished with each PDH. One copy of this list is sent to the designated PDH custodian at the time the unit is delivered for storage. Additional copies are packed in cases #1 and #50 of the Series 54000 through 57000 PDH's and in cases #1, #633, and #690 of the Series 62000 PDH. When the PDH is activated, cases are delivered to the PDH section indicated on the master list.

Two publications are available for guidance during activation. They are *Series 62000 Packaged Disaster Hospital Component Listing and Storage Data* (Health Mobilization Series F-11) and *Illustrated Catalog and Guide for Distribution of Packaged Disaster Hospital Materials* (PHSP No. 1071-F-15).

Quantities of all items received in the pharmacy should be noted as they are unpacked to provide an accurate inventory list. This will be the basis for all future records as supplies are subsequently issued and new stocks procured.

(This space for item identification)				
Date	Received	Issued	Balance	Remarks

FIGURE 2—Inventory Control Record Form

C. PERPETUAL INVENTORY

As soon as possible, a set of control records should be made, using a form such as the one shown in figure 2. This form is not furnished with the PDH. It may be decided predisaster to have the form prepared locally and stored with the PDH. If this is not done, the information can simply be written on blank sheets of paper. There should be a separate sheet for each item of supply and it should carry the name of the item, unit of issue, size, dosage, etc. Columns should provide space to enter quantities received, quantities issued, the balance, and any remarks. The sheets should be arranged alphabetically in a notebook or file box. They should be kept up-to-date and a balance obtained regularly to allow ample time to arrange for resupply before shortages develop.

D. INITIAL DISTRIBUTION

In order to consolidate items in a manageable number of crates and boxes, some PDH cases contain an assortment of items needed in different hospital sections. For example, one of the cases which contains pharmacy

equipment also contains the alcohol burners needed in the laboratory and on the wards, as well as a variety of brushes and other items needed in several clinical sections. Other cases contain the entire PDH supply of an item which will be used in several sections. All the cases of albumin, for instance, are delivered to the pharmacy although some of the supply is designated for the wards, operating rooms, and the receiving and sorting sections.

These cases must receive special attention to assure that they are unpacked and their contents sorted and delivered as quickly as possible, according to the breakdown information given in the *Illustrated Catalog and Guide for Distribution of Packaged Disaster Hospital Materials*. No supply requests are required for this initial distribution.

E. UNPACKING

Care should be taken during the unpacking not only to avoid breaking bottles of pharmaceuticals but also to avoid damaging the boxes. Crates and heavy boxes can be used as improvised counters and storage cabinets and should be saved for this purpose. When the need for the PDH has passed, the equipment and any remaining supplies will be repacked and returned to storage, requiring the use of the original packing boxes. If the pharmacy section has no need for them, the boxes which contained expendables may be used in other sections, especially in the wards where improvised bedside tables, backrests, overbed tables, etc. can be made.

Boxes of supplies and smaller pieces of equipment (such as prescription bottles) should be opened but not unpacked other than to meet immediate needs. These boxes can be stacked with their opened sides facing out into the room in an improvised shelf arrangement. Supplies should be arranged so that pharmacy section personnel can locate items readily and get to them without having to move other boxes.

SUPPLY DISTRIBUTION

A. SUPPLY REQUESTS

It may be found efficient to designate one person within the entire supplying area (pharmacy, general stores, and central sterile supply) to receive all supply requests and direct them to the section where the requested items are stored. This coordination will be helpful in locating various miscellaneous items which could be stored in any of several places depending upon facilities in the individual building, available section personnel, etc.

The pharmacy section will release supplies to the various PDH sections on receipt of written supply requests. Forms for this purpose are not

DISASTER HOSPITAL SUPPLY REQUEST FORM		
FROM _____ SECTION		Date _____
ROOM _____		Time _____
TO: (check one) <input type="checkbox"/> STERILE SUPPLY		<input type="checkbox"/> PHARMACY
<input type="checkbox"/> STORES		
QUANTITY	ITEM NEEDED	IDENTIFYING NO.
DISPOSITION OF REQUEST:		
<input type="checkbox"/> ISSUED <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> OUT OF STOCK		
REORDER _____		
INSTRUCTIONS: Prepare in triplicate. Send two copies to Sterile Supply, Pharmacy or Stores. Retain one copy.		

FIGURE 3—Disaster Hospital Supply Request Form

supplied with the PDH. It is recommended that a form such as the one shown in figure 3 be reproduced in the community predisaster. The requests can, however, be written on the pads of unruled paper which are supplied with the PDH.

Supply requests should be made out in triplicate. The originating section should keep a copy and send the original and second copy to the pharmacy section. The second copy is returned with the supplies and the original is kept by the pharmacy section. By referring to these originals, the pharmacy aides can keep their perpetual inventory records current.

B. STANDARD-ISSUE QUANTITIES

It may be difficult at first to determine use rates accurately enough to be able to establish any rules on what quantities a section should be allowed to request at one time. To assure equitable distribution, however, some limits must be set. One possible standard is to allow a section to keep on hand no more than a 5-day supply of an item. The initial automatic distribution called for in the *Illustrated Catalog* is based on an estimated 5-day supply of expendables.

C. UNFILLED ORDERS

A procedure should be established to handle instances in which the requested supplies are not available to fill a requisition. The original and copy of the supply request can be returned to the originating section marked with a reorder date or the copy can be returned with the notation that the supplies will be sent when they are available. In the latter case, the original requisition should be kept in a pending file in the pharmacy section until supplies can be obtained from an outside source.

D. ROUTINE REPLENISHMENT

After the initial heavy influx of patients has subsided, the PDH will settle into a more routine operation. At this time it may be possible for the pharmacy section to establish a procedure for picking up supply requests and delivering supplies on a regular basis. Emergency or "stat" orders should, of course, be filled as soon as they are presented.

E. RESUPPLY

When inventory balances show that supplies are being depleted, the pharmacist in charge of the section should notify the PDH administrator so that arrangements can be made to procure the needed items from outside sources. The pharmacist and the PDH administrator should know, as a result of their predisaster preparation, the community or State plans for health resource control and also the principal community sources of pharmaceuticals and related supplies. The pharmacist should also be prepared to suggest possible substitutes for items on which resupply is difficult. The administrator may obtain items through civil defense supply officials or directly from pharmacies or other local suppliers, depending on the circumstances at the time.

If the disaster has been severe enough to require the prolonged operation of the PDH, there will almost certainly be an accompanying disruption of transportation and communications facilities and the process of resupply could take considerable time. Efforts to obtain more supplies should be begun well before the supplies on hand are exhausted. The time at which a reorder is initiated will depend, of necessity, on the actual situation. Only then will it be possible to know the rate of use and the time lag in obtaining additional supplies.

SPECIAL CONTROLS

A. NARCOTICS

Narcotics are not stored with the PDH and must be procured locally and brought to the hospital when it is set up. The chief of the pharmacy section, in consultation with the PDH chief of staff or administrator, should plan predisaster for this procurement. If local supplies are depleted, narcotics can be ordered through civil defense channels on the standard order form issued by the Bureau of Narcotics.¹ Narcotics regulations allow orders by no one except designated Civil Defense Narcotics Procurement Officers when a civil defense emergency has been declared by the President or Congress. Anyone in the community who is registered with the Bureau of Narcotics may be so designated. Most pharmacists are qualified for this designation. More detailed information is given in appendix A.

1. Distribution in the PDH

The procedure for the issue and use of narcotics within the PDH is to be decided by the chief of staff. It should be consistent with existing laws and regulations and with the principles of ethical professional practice.

2. Inventory control and storage

The pharmacy section will have custody of narcotics. When the supply is received, a pharmacist must immediately verify the quantity and record the amount on the perpetual inventory records. The material must be placed in locked storage at once. Records of narcotics must be maintained with great care and kept current at all times.

Only a pharmacist may issue narcotics from the pharmacy section and only to another licensed person, usually a nurse. That person signs for the amount received and is responsible for the same exact accounting that is required of the pharmacist. If a supply of narcotics is to be kept in the ward area, locked storage must be provided.

¹The procedure is fully described in regulation No. 5 of the Joint Regulations of the Bureau of Narcotics and the Internal Revenue Service, section 151.225(4).

B. OTHER CONTROLLED ITEMS

In many hospitals, barbiturates, amphetamines, alcohol, etc., are controlled in much the same way as narcotics. Particular care should be exercised in distributing, accounting for, and storing such items to prevent abuse or unauthorized use. As a minimum, these items should be kept in locked storage and inventory records should be kept with special care. Other controls are left to the judgment of the chief of the pharmacy section with the agreement of the chief of staff and administrator.

APPENDIX A

ACQUISITION OF NARCOTICS DURING CIVIL DEFENSE EMERGENCIES *

1. *General*

- A. The purpose of this memorandum is to restate U.S. Bureau of Narcotics approved procedures for the acquisition of narcotic drugs during civil defense emergencies as authorized by the Harrison Narcotic Act. These procedures were previously contained in the the Federal Civil Defense Administration's Advisory Bulletin No. 205 of December 10, 1956.
- B. The U.S. Bureau of Narcotics exercises federal control over all transactions in narcotic drugs. State and local narcotic laws generally serve to further implement and augment the Harrison Narcotic Act. Except for specific restrictions and exacting procedural requirements, narcotics should be viewed in the same manner as any other class of essential medicaments needed for the care of survivors under national disaster circumstances. To obtain and/or maintain narcotic reserves, States and other political entities, communities, public and private institutions, and organizations, as well as individuals, must comply with the laws and policies of the jurisdictional authorities concerned, and with the regulatory measures of the Bureau of Narcotics.
- C. The Public Health Service is not authorized to define the latitudes of the Harrison Narcotic Act, nor to endorse controls, acquisitions and distribution procedures that may ostensibly deviate from the Act, or require a specific ruling. The appropriate district office of the Bureau of Narcotics (attachment II.) is the primary contact for all inquiries in this area.

2. *Normal or Peacetime Acquisition*

(This section is included as background information to illustrate the similarity of narcotic acquisition under normal and national disaster situations.)

- A. Physicians (including osteopathic physicians), dentists, and veterinarians may prescribe narcotic drugs for individual patients using their standard prescription forms, noting their narcotic registry number for nominal quantities of narcotics consistent with specific patient needs. Such prescriptions may be filled by any pharmacy licensed to dispense narcotics to individual patients.
- B. To obtain narcotics for professional and business purposes, physicians, hospitals, clinics, retailers, wholesalers, and manufacturers routinely use the official Federal narcotic order form (IRS Form 2513). All persons obtaining and utilizing the order form for narcotic transactions must be properly registered with the District Director of the Internal Revenue Service for the district in which he practices. Throughout the United States, persons so registered number in excess of 350,000 constituting a substantial structure of legally authorized individuals to conduct legitimate narcotic transactions. The acquisitions of narcotics must be made in quantities that are reasonable and must be supportable as the minimum requirements for the service being provided. Exceptionally large inventories must be justified to the satisfaction of the Bureau.
- C. *Regulations No. 5*, Joint Regulations of the Bureau of Narcotics and the Internal Revenue Service (IRS Publication No. 428), distinguishes among six taxpaying classes and one exempt official (nontaxpaying) class of registrants. Each registrant receives an identifying number from the District Director, IRS. of his

*Reprinted from Division of Health Mobilization Memorandum No. 65-103-H. July 2, 1965.

particular district. So-called "exempt officials" are civilian and military officers of the United States and its political subdivisions, who have responsibility for acquiring, dispensing or handling narcotic substances in the course of their official duties.

3. *Preemergency Planning*

- A. All State and local civil defense emergency health organizations should identify those individuals or agencies that are registered under the narcotic laws and should secure their cooperation in maintaining adequate, but not excessive, stocks under appropriate protective safeguards in accordance with Bureau of Narcotics requirements. As many of these registrants as are needed should be included in the State and local civil defense emergency health organizational structure. Virtually all drug manufacturers, producers, compounders, wholesalers, hospitals and clinics have, on their staffs, persons so registered. Physicians, pharmacists, veterinarians, dentists, and other practitioners are also generally registered. The names of local narcotic manufacturers and wholesalers who hold major supplies in an area may be obtained from the appropriate District Office, Bureau of Narcotics. From such sources, selected registrants should be predesignated as Civil Defense Narcotics Procurement Officers (CDNPO). All such predesignated officials assume "exempt" status postattack regardless of their previous classification.
- B. If additional emergency health service or civil defense officials require registration for the performance of their official duties during an emergency, arrangements should be made with the Bureau of Narcotics for their registration during the preattack period. Only during a civil defense emergency as declared by the President or by the Congress would such registrants function as civil defense narcotic procurement officers; and only in time of such emergency would they be authorized to use the official narcotic order form for the acquisition of narcotics for civil defense purposes.

4. *Acquisition During a Civil Defense Emergency*

- A. Only registrants and exempt officials who have been designated as Civil Defense Narcotics Procurement Officers may execute the above-mentioned official narcotic order form (IRS Form 2513) during a civil defense emergency to obtain the required amounts of narcotic items to carry out their respective missions.
- B. The narcotics order form will be completed in triplicate, with the words "Civil Defense Procurement" clearly marked across the face of the form, and signed by the registrant, followed by his title, "Civil Defense Narcotics Procurement Officer," or its abbreviated form "CDNPO." The original, which later may be used as a claim for payment, will go to the supplier; the duplicate copy remains with the registrant (CDNPO), while the triplicate copy is forwarded to the jurisdictional district or subdistrict Bureau of Narcotics office.
- C. Sources of supply will be stocks in surviving pharmacies, wholesalers, manufacturers and other local distributors. With adequate planning, it is estimated that these sources will fulfill requirements for the first 30 days postattack, or until such time that Federal replenishment can be made from the bulk stocks in the Strategic and Critical Material Stockpile.
- D. Detailed procedures for the utilization of such federally controlled bulk stocks will be coordinated by the Office of Emergency planning. The long-range allocation of narcotics for the civilian sector of the economy, at the Federal level, will be under the control of the U.S. Public Health Service.

5. *Disposition of Narcotics to Civil Defense Emergency Health or Medical Care Facilities*

- A. During a national emergency the narcotic materials required for the health mission, and requested by a CDNPO from a local source as described above, will be delivered to him by the most expeditious means, taking appropriate security measures to insure safe delivery. Subsequent disposition of any part of the shipment by the CDNPO must be covered by a proper receipt signed by a legitimate recipient (Bureau of Narcotics registrant). This should be accomplished by an endorsement on the copy of the narcotics procurement form in the possession of the Civil Defense Narcotics Procurement Officer. Distribution, use, and control of narcotics within medical care facilities will be the responsibility of the medical officer in charge of such activities.
- B. It is of utmost importance to anticipate requirements for narcotics and establish coordinated distribution points as part of a community plan. Full use should be made of existing distribution systems and individuals normally engaged in regulatory and enforcement duties. The administration of narcotics

to individual patients should be recorded wherever possible and reserve stocks at medical care facilities should be retained, safeguarded and dispensed by a pharmacist who shall maintain accurate records of receipt and disposition.

- C. Actual narcotic requirements will vary with patient needs and total medical care workload. A factor of one narcotic dose per inpatient-day has been generally used for planning purposes as a minimum requirement for the first 30 days of postattack hospital operation. Using this factor, for example, 6,000 doses would be required for the first 30 days for a 200-bed packaged disaster hospital operating at full capacity. It is anticipated that usage rates will be at peak level for the first several days, then will gradually diminish with the passage of time. One narcotic dose of any narcotic analgesic substance, for civil defense planning purposes, is that dose of narcotic agent approximately equivalent in analgesic effect to 16 mg (one-fourth grain) of morphine sulfate, USP—See attached table of equivalencies. (Attachment I)

6. Responsibilities and Assistance by the Bureau of Narcotics

In the area of emergency medical care, during a period of national emergency the Bureau of Narcotics, as one of its functions, will provide protection for available supplies of narcotics and will aid the U.S. Public Health Service in the distribution and redistribution of dosage-form narcotics to meet the legitimate requirements of all elements of the population. In the performance of these functions, agents of the Bureau of Narcotics will be responsive through their organizational units to the directives of the emergency health service organization at all levels of government.

7. Disposition of Unused Narcotics

Where there is a close-down of a medical care activity, narcotics will be kept under strict custody and delivered to an officially designated distribution point for reissue or, if appropriate, will be placed under the jurisdiction of a Federal Narcotics Officer for disposition.

8. Penalties for Violation of the Narcotics Act

Persons who violate the Act or fail to fulfill its requirements, in any particular, are liable to punishment. For a first offense, a prison sentence of not less than 2 years nor more than 5 years and a fine of not more than \$2,000 is stipulated by law. Heavier penalties are provided for second and subsequent offenses.

Attachment I.

Narcotic analgesic equivalents of morphine sulfate for civil defense planning purposes¹

Drug	Equivalent of morphine sulfate 16 mg. ($\frac{1}{4}$ gr.)
ALPHAPRODINE (NISENTIL).....	50 mg. ($\frac{3}{4}$ gr.)
ANILERIDINE (LERITINE).....	25 mg. ($\frac{3}{8}$ gr.)
CODEINE.....	60 mg. (1 gr.)
DIHYDROCODEINONE (DICODID, HYCODAN).....	50 mg. ($\frac{3}{4}$ gr.)
DIHYDROMORPHINONE (DILAUDID).....	2 mg. ($\frac{1}{30}$ gr.)
ETHYLMORPHINE (DIONIN).....	30 mg. ($\frac{1}{2}$ gr.)
LEVORPHANOL (LEVO-DROMORAN).....	3 mg. ($\frac{1}{20}$ gr.)
MEPERIDINE (DEMOLER, PRO-MEPERDAN).....	100 mg. (1 $\frac{1}{2}$ gr.)
METHADONE (DOLOPHINE).....	10 mg. ($\frac{1}{6}$ gr.)
OPIUM.....	150 mg. (2 $\frac{1}{2}$ gr.)
OXYMORPHONE (NUMORPHAN).....	1.5 mg. ($\frac{1}{40}$ gr.)
PANTOPON.....	20 mg. ($\frac{1}{3}$ gr.)
PHENAZOCINE (PRINADOL).....	2 mg. ($\frac{1}{30}$ gr.)
PRIMINODINE (ALVODINE).....	20 mg. ($\frac{1}{3}$ gr.)

¹ The equivalents expressed in this table are not intended as therapeutic indices. The purpose of the table is to provide a standard set of conversion factors for use in measuring narcotic-analgesic resources and requirements in terms of a common unit of measure, a 16 mg. "dose" of Morphine Sulfate, U.S.P. For each narcotic listed in the table, the weights are given in terms of the commonly used salt form.

Attachment II.
Headquarters and Branch Offices—Bureau of Narcotics

District	ZIP Code	Address	Telephone
1. Boston, Mass.	02109	1425 Post Office and Courthouse.	Area Code 617 223-2757 or 223-2758 LI. 2-3938 (direct line)
Hartford, Conn.	06101	450 Main St., Room 746, P.O. Box 1711.	Area Code 203 244-3348
2. New York, N.Y.	10007	90 Church St., Suite 605.	Area Code 212 REctor 2-9100-X-8182 and 8476 REctor 2-9380 (direct line) Teletypewriter 212-571-1597
Buffalo, N.Y.	14203	Niagara Square Sta., U.S. Courthouse, Room 113, P.O. Box 269.	Area Code 716 842-3218
Newark, N.J.	07102	B-39 Main Post Office Bldg., P.O. Box 578.	Area Code 201 645-2637
Paterson, N.J.	07509	210 Post Office Bldg., P.O. Box 2006.	Area Code 201 278-9249
3. Philadelphia, Pa.	19106	605 U.S. Custom House.	Area Code 215 597-4310 or 4311 627-4298 (direct line) 597-4599 (night service)
Pittsburgh, Pa.	15230	1011-1013 New Post Office Bldg., Seventh Ave. and Grant St., P.O. Box 494	Area Code 412 644-3391 or 3392 471-0853 (direct line)
5. Baltimore, Md.	21202	103 South Gay St.	Area Code 301 752-8460-X-2178, 2179 and 2180 752-3223 (direct line)
Washington, D.C.	20224	7415 Internal Revenue Bldg., 12th & Constitution Ave. NW.	Area Code 202 964-4267 347-0499 (direct line) 393-6400 (night service)
Greensboro, N.C.	27402	277 Post Office Bldg., P.O. Box 16	Area Code 919 275-9111-X-458
Norfolk, Va.	23501	410 Post Office Bldg., P.O. Box 476	Area Code 703 627-7471-X-7775
6. Atlanta, Ga. . .	30303	1056 Federal Office Building.	Area Code 404 526-6085 and 6086 688-3919 (direct line)
Birmingham, Ala.	35201	44 Post Office Bldg., P.O. Box 2137.	Area Code 205 325-3497
Miami, Fla.	33101	Main Post Office, M-3, P.O. Box 1148.	Area Code 305 350-5275 and 5276
Nashville, Tenn.	37202	336 Federal Office Bldg., P.O. Box 1189.	Area Code 615 242-8321

Headquarters and Branch Offices—Bureau of Narcotics—Continued

District	ZIP Code	Address	Telephone
8. Detroit, Mich.	48226	602 Federal Building.	Area Code 313 226-6110 961-6758 (direct line) Teletypewriter 313-222-5143
Cincinnati, Ohio.	45201	215 & 217 Federal Bldg., P.O. Box 1196.	Area Code 513 381-2948 and 2949
Cleveland, Ohio.	44114	518 Federal Bldg.	Area Code 216 241-7900-X-7475 and 7476 781-5282 (direct line)
Lexington, Ky.	40501	335 Post Office Bldg., P.O. Box 453.	Area Code 606 254-7516
Louisville, Ky.	40201	422-24 Post Office Bldg., P.O. Box 537.	Area Code 502 582-5164
9. Chicago, Ill. . .	60604	1836 U.S. Court and Federal Office Bldg., 219 South Dearborn.	Area Code 312 828-5810 828-5848 (direct line) Teletypewriter 312-431-1649
Indianapolis, Ind.	46204	406 Federal Bldg., P.O. Box 413.	Area Code 317 ME-3-7662 (answering service)
10. Dallas, Tex. . .	75202	1114 Commerce St., Room 1104.	Area Code 214 Riverside 9-2827, 2828, 2829 Riverside 2-2666 (direct line) Teletypewriter 214-899-8862
Houston, Tex.	77002	6102 Courthouse and Federal Office Bldg., P.O. Box 61188.	Area Code 713 CApitol 8-0611-X331, 332, 333 CApitol 8-1840 (night number)
San Antonio, Tex.	78206	583 Post Office Bldg., P.O. Box 2727.	Area Code 512 CApitol 5-5511-X-324, 325, 326 CApitol 5-1301 (night number)
New Orleans, La.	70130	941 Federal Office Bldg., P.O. Box 30554.	Area Code 504 527-2317, 2318, 2319
11. Kansas City, Mo.	64106	1502 Federal Office Building, 911 Walnut St.	Area Code 816 BAaltimore 1-7000-X-2686, 2689 BAaltimore 1-7622 (night service) BRand 1-2676 (direct line) Teletypewriter 816-556-1455
St. Louis, Mo.	63101	702 U.S. Courthouse and Custom House Bldg.	Area Code 314 MAin 2-4894 and 2-4895 MAin 1-1219 (direct line)
Oklahoma City, Okla.	73101	320 U.S. Post Office Building, P.O. Box 940.	Area Code 405 CEntral 6-2311-X-2260 CEntral 6-5691 (night service)
12. Minneapolis, Minn.	55401	402 Federal Building, 110 South Fourth St.	Area Code 612 334-2323 and 2324 332-5671 (direct line)
Omaha, Nebr.	68101	3414 New Federal Bldg., P.O. Box 661.	Area Code 402 221-1221-X-4720 221-4720 (direct line)

Headquarters and Branch Offices—Bureau of Narcotics—Continued

District	ZIP Code	Address	Telephone
13. Denver, Colo.	80202	106 U.S. Custom House, 19th and California Sts., P.O. Box 1588.	Area Code 303 297-4304
	80201		
	87101	3010 Federal Office Bldg., 517 Gold Ave. SW., P.O. Box 93.	Area Code 505 247-0311-X-2244 242-7405 (night service)
14. San Francisco, Calif.	94102	450 Golden Gate Ave. P.O. Box 36035.	Area Code 415 556-6771, 6772, and 6773 Teletypewriter 415-393-8320
Los Angeles, Calif.	90012	414 U.S. Post Office and Courthouse Bldg.	Area Code 213 688-4820 MAdison 8-6981 (direct line) Teletypewriter 213-683-0096
San Diego, Calif.	92101	254 U.S. Courthouse, 325 West F St.	Area Code 714 293-5654
Phoenix, Ariz.	85025	3321 Federal Bldg., 230 North First Ave.	Area Code 602 261-3900 (switchboard) 261-3236 (direct line)
15. Seattle, Wash.	98104	311 U.S. Courthouse.	Area Code 206 MU 2-3300-X-606 and 607 MU 23337 (night service) MAin 3-4743 (direct line)
Portland, Oreg.	97207	230 U.S. Courthouse, P.O. Box 1008.	Area Code 503 226-3545 and 3546 CApitol 6-3193 (night service)
Honolulu, Hawaii.	96801	213 Federal Bldg., P.O. Box 3285.	502-078 (answering service)

APPENDIX B

PUBLICATIONS

The Division of Health Mobilization has prepared a number of publications for the guidance of emergency health preparedness planners. Publications in the Health Mobilization Series are divided into ten subject categories, which are listed on the inside back cover of this book. Titles which deal with the Packaged Disaster Hospital or which are of directly related interest are listed below. These publications are available, upon request, from your State Health Department, Civil Defense office, or the Division of Health Mobilization, Public Health Service, Washington, D.C., 20201.

A. PACKAGED DISASTER HOSPITAL

Establishing the Packaged Disaster Hospital (Revised 1966) PHSP No. 1071-F-1.

X-ray Section of the Packaged Disaster Hospital (Revised 1966) PHSP No. 1071-F-2.

Central Sterile Supply Section of the Packaged Disaster Hospital (1966) PHSP No. 1071-F-3.

Laboratory Section of the Packaged Disaster Hospital (Revised 1966) PHSP No. 1071-F-4.

*Operation of Generators in the Civil Defense Emergency Hospital** (1964) PHSP No. 1071-F-5.

Water Supply Management in the Packaged Disaster Hospital (1965) PHSP No. 1071-F-6.

*Storage Structures Erected for Pre-positioned Civil Defense Emergency Hospitals** (1964) PHSP No. 1071-F-7.

*Now called the Packaged Disaster Hospital. This publication will reflect this name change when it is reprinted.

Packaged Disaster Hospital Custodian's Handbook (Revised 1965) PHSP No. 1071-F-10.

Nurses' Ward Management Guide for the Packaged Disaster Hospital (1965) PHSP No. 1071-F-12.

Pharmacy Section of the Packaged Disaster Hospital (1966) PHSP No. 1071-F-13.

Assembling Equipment in the Packaged Disaster Hospital (1966) PHSP No. 1071-F-14.

Illustrated Catalog and Guide for Distribution of Packaged Disaster Hospital Materials (1965) PHSP No. 1071-F-15.

Check List for Developing a Packaged Disaster Hospital Utilization Plan (1966) PHSP No. 1071-F-16.

General Stores Section of the Packaged Disaster Hospital (1966) PHSP No. 1071-F-17.

B. RELATED MATERIAL

Emergency Health Preparedness Publications Catalog (1966) PHSP No. 1071-A-1.

Community Emergency Health Preparedness (1964) PHSP No. 1071-A-2.

Health Materiel and Facilities Planning Guide for Emergency Management (1965) PHSP No. 1071-A-4.

Therapeutic Guide for Pharmaceuticals in the Packaged Disaster Hospital (1965) PHSP No. 1071-C-1.

Orientation Manual on Disaster Preparedness for Pharmacists (1965) PHSP No. 1071-D-7.

Hospital Planning for Nuclear Disaster (1965) PHSP No. 1071-G-1.

Community Emergency Health Manpower Planning (1966) PHSP No. 1071-I-1.

The Role of the Pharmacist in National Disaster (1965) PHSP No. 1071-I-4.



Publications in the Health Mobilization Series are keyed by the following subject categories:

A—Emergency Health Service Planning

B—Environmental Health

C—Medical Care and Treatment

D—Training

E—Health Resources Evaluation

F—Packaged Disaster Hospitals

G—Health Facilities

H—Supplies and Equipment

I—Health Manpower

J—Public Water Supply



LABORATORY SERVICES
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WEBB BLDG., Rm. 406
4040 N. FIFTH AVE. DR.
ARLINGTON, VIRGINIA

Public Health Service
Publication No. 1071-F-13

